

2002 UNIFORM BUSINESS REPORT (UBR)

0009822 AT

DOCUMENT # **A29179**

1. Entity Name

AMERICAN EQUITIES LTD. NO.6

FILED

02 APR 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
**1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

Mailing Address
**1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

2. Principal Place of Business
150 Alhambra Circle

3. Mailing Address
150 Alhambra Circle

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA

DUE BY MAY 1, 2002

4. FEI Number **65-0162209** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**S & K PROPERTY MANAGEMENT INC.
1717 NO. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

Name
S & K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 800
City **Coral Gables** **FL** Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Lidia Cartaya* Vice President 04/29/02
Signature, typed or printed name of registered agent and date if applicable. **Lidia Cartaya, Vice President** DATE

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M55650**
NAME **UPSIDE, INC.**
STREET ADDRESS **1717 NO. BAYSHORE DRIVE, SUITE 208E. 200**
CITY-ST-ZIP **MIAMI FL 33132**

STREET ADDRESS **150 Alhambra Circle, Suite 800**
CITY-ST-ZIP **Coral Gables, FL 33134**

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS **300005509673--6**
CITY-ST-ZIP **-05/14/02--01071--023**
*******8.75 *****8.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **300005509673--6**
CITY-ST-ZIP **-05/14/02--01071--024**
*******526.25 *****526.25**

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Lidia Cartaya* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Vice President 04/29/02 (305) 476-0955

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE